

# AUTO CR - LOG SUMMARY #1066335

TYPE: EO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the subject, [REDACTED], refused to comply with verbal commands and resisted officers' orders to submit to a custodial search while in the processing room/search room at the 015th District Station. The subject continued to resist efforts at control until he had been drive stunned three times. EO#13-061	(None Entered)		

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee Reporting Party Third Party	DI PINTO, JOSEPH E	930	[REDACTED]	015 /	SERGEANT OF POLICE	M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
27-NOV-2013 11:23 - 27-NOV-2013 11:23	5701 W MADISON ST, CHICAGO, IL 60644	1513	015	280 - POLICE FACILITY/VEH PARKING LOT	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee Involved Member	FITZGERALD, MICHAEL A	1738	[REDACTED]	015 / 413	SERGEANT OF POLICE	M	WHI		
NON-CPD Detainee	[REDACTED]					M	BLK	[REDACTED]	
CPD Employee Involved Member	CHAPLEAU IV, WILFRED P	18746	[REDACTED]	015 /	POLICE OFFICER	M	WHI		
CPD Employee Involved Member	RAMIREZ, JOSEPH	19248	[REDACTED]	015 /	POLICE OFFICER	M	S		
CPD Employee Involved Member	SAVIANO, NICHOLAS J	4542	[REDACTED]	015 /	POLICE OFFICER	M	WHI		

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	Y	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:	RELATED TO TASER NOTIFICATION FOR 1066334.		

## Incident Category List

Incident Category List

Incident Category	Primary?	Initial?
04H - GROUP 04 - ARREST/LOCKUP PROCEDURES PROPER CARE - INJURY / DEATH	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	20-DEC-2013 12:40	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	20-DEC-2013 12:39	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	10-DEC-2013 03:50	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	10-DEC-2013 03:49	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PRELIMINARY	10-DEC-2013 09:48	KOBEL, DANIEL	INVESTIGATOR I COPA	113 /	
PRELIMINARY	09-DEC-2013 08:40	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	Awaiting Ambo Report
PENDING SUPERVISOR REVIEW	09-DEC-2013 07:47	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	02-DEC-2013 08:32	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Awaiting responses re. ambulance report and lockup video.
PRELIMINARY	29-NOV-2013 08:49	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	TRRs not yet approved. Ambulance report and lockup video were requested.
PRELIMINARY	28-NOV-2013 09:49	KOBEL, DANIEL	INVESTIGATOR I COPA	113 /	
PRELIMINARY	28-NOV-2013 09:44	KOBEL, DANIEL	INVESTIGATOR I COPA	113 /	
PRELIMINARY	28-NOV-2013 12:14	CHIBE, JOHN	POLICE OFFICER	116 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					CHIBE, JOHN	28-NOV-2013 12:14			
	DOCUMENTS - INTAKE INCIDENT		2	Sgt. Fitzgerald	N	HAYES, SHANNON	02-DEC-2013 08:27	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3		N	KOBEL, DANIEL	28-NOV-2013 09:29	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		6		N	KOBEL, DANIEL	28-NOV-2013 09:49	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Ramirez	N	HAYES, SHANNON	02-DEC-2013 08:27	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	HAYES, SHANNON	29-NOV-2013 08:49	APPROVED		

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
	DOCUMENTS - INTAKE INCIDENT		5		N	KOBEL, DANIEL	28-NOV-2013 09:28	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	KOBEL, DANIEL	10-DEC-2013 09:48	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Chapleau	N	HAYES, SHANNON	02-DEC-2013 08:26	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Ramirez	N	HAYES, SHANNON	02-DEC-2013 08:27	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	Request for video	N	HAYES, SHANNON	29-NOV-2013 08:26	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	Request for ambulance report	N	HAYES, SHANNON	29-NOV-2013 08:24	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Saviano	N	HAYES, SHANNON	02-DEC-2013 08:28	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	EO 13-61	N	HAYES, SHANNON	29-NOV-2013 08:34	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	KOBEL, DANIEL	28-NOV-2013 09:29	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	No video available	N	HAYES, SHANNON	09-DEC-2013 07:47	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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## Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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## Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 28-NOV-2013) - LOG #1066335

TYPE: EO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	DI PINTO, JOSEPH E	930		015 /	SERGEANT OF POLICE	M	WHI		

## Incident Information

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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	Y	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
04H - GROUP 04 - ARREST/LOCKUP PROCEDURES PROPER CARE - INJURY / DEATH	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	28-NOV-2013 00:14	CHIBE, JOHN	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	20-DEC-2013 12:40	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	20-DEC-2013 12:39	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	10-DEC-2013 03:50	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	10-DEC-2013 03:49	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PRELIMINARY	10-DEC-2013 09:48	KOBEL, DANIEL	INVESTIGATOR I COPA	113 /	
PRELIMINARY	09-DEC-2013 08:40	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	Awaiting Ambo Report
PENDING SUPERVISOR REVIEW	09-DEC-2013 07:47	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	02-DEC-2013 08:32	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Awaiting responses re. ambulance report and lockup video.

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PRELIMINARY	29-NOV-2013 08:49	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	TRRs not yet approved. Ambulance report and lockup video were requested.
PRELIMINARY	28-NOV-2013 09:49	KOBEL, DANIEL	INVESTIGATOR I COPA	113 /	
PRELIMINARY	28-NOV-2013 09:44	KOBEL, DANIEL	INVESTIGATOR I COPA	113 /	
PRELIMINARY	28-NOV-2013 12:14	CHIBE, JOHN	POLICE OFFICER	116 /	

CHICAGO POLICE DEPARTMENT  
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653  
(For use by Chicago Police Department Personnel Only)  
CPD-11.388(6/03)-C)

RD #: [REDACTED]  
EVENT #: [REDACTED]  
Case ID: [REDACTED]

INCIDENT	<b>CLEARED CLOSED (ARREST AND PROSECUTION)</b>		
	IUCR: 0554 - Assault - Agg Po Hands No/Min Injury		
	1811 - Narcotics - Poss: Cannabis 30gms Or Less		
	1821 - Narcotics - Manu/Del:Cannabis 10gm Or Less		
2092 - Narcotics - Solicit Narcotics On Publicway			
Occurrence	5107 W Madison St	Beat: 1533	Unit Assigned: 1567B
Location:	Chicago IL		RO Arrival Date: 27 November 2013 22:50
	277 - Parking Lot/Garage(Non.Resid.)		# Offenders: 4
Occurrence Date: 27 November 2013 22:50			

NON OFFENDER	<b>VICTIM - Government</b>	
	Name: CPD	Demographics
	5701 W Madison St Chicago, IL	Age: Years Contact Person: P.O. J. RAMIREZ , #19248
	Beat: 1513	
<b>Other Communications and Availability</b>		
Residence	312-743-1440	
Phone:		

INJURIES	Contact Person: P.O. J. RAMIREZ #19248

SUSPECTS	<b>Suspect # 1</b>		<b>In Custody</b>	
	Name: [REDACTED]	Beat: 1112	Demographics	
	Res: [REDACTED]		Male	DOB: [REDACTED]
			Black	Age: 27 years
			5'04,	Birth Place: IL
			160 lbs	
		Brown Eyes		
		Black Hair		
		Short Hair Style		
		Medium Complexion		
<b>Other Communications and Availability</b>				
<b>Suspect # 2</b>		<b>In Custody</b>		
Name: [REDACTED]	Beat: 1224	Demographics		
Res: [REDACTED]		Male	DOB: [REDACTED]	
		Black	Age: 23 years	
		5'07,	Birth Place: IL	
		175 lbs		
		Brown Eyes		
		Black Hair		
		Short Hair Style		
		Medium Complexion		
<b>Other Communications and Availability</b>				

## SUSPECTS

**GANG INFO**

## DOMESTIC INFO



## Chicago Police Department - Incident Report

RD #: [REDACTED]

NARCOTICS	<b>Narcotics # 1</b>		<b>Possessor/User:</b> [REDACTED]	
	Type:	Cannabis/Generic	Location Found:	5107 W. Madison Chicago IL 60644
	Weight:	2 Grams	Packaging:	Zip-Lock Plastic Bag(S)
	Inventory #:	[REDACTED]	Owner:	[REDACTED]
	Container Containing Packages:		Zip Lock Bags	
	<b>Narcotics # 2</b>		<b>Possessor/User:</b> [REDACTED]	
	Type:	Cannabis/Generic	Location Found:	5017 W. Madison
	Weight:	.5 Grams	Packaging:	Zip-Lock Plastic Bag(S)
	Inventory #:	[REDACTED]	Owner:	[REDACTED]
	Container Containing Packages:		Zip Lock Bag	



NARRATIVE

EV# [REDACTED] IN SUMMARY WHILE ON SURVEILLANCE AT THE ABOVE LOCATION WHICH IS AN AREA THAT IS KNOWN FOR HIGH NARCOTICS ACTIVITY. S/O OBSERVED [REDACTED] (OFFENDER) MAKING SMOKING GESTURES AND YELLING "SAWBUCKS" TO PASSING VEHICLES IN AN ATTEMPT TO CONDUCT AN ILLEGAL NARCOTICS TRANSACTION. R/O'S KNOW "SAWBUCK" TO BE THE STREET TERM FOR CANNABIS. ON ONE OCCASION S/O OBSERVED AN UNKNOWN GRAY SUV STOP AT THE ABOVE LOCATION. S/O THEN OBSERVED [REDACTED] (OFFENDER) ENGAGE THE DRIVER (NOW KNOWN AS [REDACTED] (OFFENDER) ANOV # [REDACTED] OF SAID VEHICLE IN A BRIEF CONVERSATION. S/O THEN OBSERVED [REDACTED] (OFFENDER) RELOCATE TO [REDACTED] (OFFENDER) AT WHICH TIME THE S/O OBSERVED [REDACTED] (OFFENDER) REACH INTO HIS LEFT PANTS POCKET, REMOVE A SMALL ITEM FROM THAT POCKET AND HAND IT TO [REDACTED] (OFFENDER). S/O THEN OBSERVED [REDACTED] (OFFENDER) RELOCATE TO THE WAITING SUV WHERE THE OFFENDER WAS OBSERVED TENDERING THAT SAME SMALL ITEM TO [REDACTED] (OFFENDER) FOR AN UNKNOWN AMOUNT OF USC. BELIEVING THAT A NARCOTICS TRANSACTION JUST OCCURRED THE S/O RADIOED E/O'S TO CONDUCT A F/I ON [REDACTED] (OFFENDER) AT WHICH TIME [REDACTED] (OFFENDER) WAS FOUND TO BE IN POSSESSION OF ONE ZIP LOCK BAG CONTAINING A GREEN LEAFY SUBSTANCE SUSPECT CANNABIS. ON ANOTHER OCCASION S/O OBSERVED [REDACTED] (OFFENDER) YELLING "SAWBUCKS" TO THE DRIVER (NOW KNOWN AS [REDACTED] (OFFENDER)) OF A [REDACTED] S/O OBSERVED [REDACTED] (OFFENDER) EXIT HIS VEHICLE AND APPROACH [REDACTED] (OFFENDER). [REDACTED] (OFFENDER) ENGAGED [REDACTED] (OFFENDER) IN A BRIEF CONVERSATION AT WHICH TIME [REDACTED] (OFFENDER) RELOCATED TO [REDACTED] (OFFENDER) WHERE S/O OBSERVED [REDACTED] (OFFENDER) REACH INTO HIS LEFT PANTS POCKET, REMOVE MULTIPLE ITEMS FROM THAT POCKET AND TENDER THOSE ITEMS TO [REDACTED] (OFFENDER) WHO THEN RELOCATED TO [REDACTED] (OFFENDER) AND TENDERED THOSE ITEMS TO [REDACTED] (OFFENDER) IN EXCHANGE FOR AN UNKNOWN AMOUNT OF USC. BELIEVING THAT A NARCOTICS TRANSACTION HAD JUST OCCURRED S/O RADIOED E/O'S TO DETAIN [REDACTED] (OFFENDER) [REDACTED] (OFFENDER) AND TO PLACE [REDACTED] (OFFENDER) INTO CUSTODY. E/O'S ARRIVED ON SCENE AT WHICH TIME [REDACTED] (OFFENDER) FREELY STATED TO R/O K. GRANLEY #10807 "I JUST GOT A COUPLE BAGS OF WEED". THE S/O KNOWING "WEED" TO BE THE STREET TERM FOR CANNABIS DETAINED [REDACTED] (OFFENDER) FOR FURTHER INVESTIGATION. [REDACTED] (OFFENDER) THEN DIRECTED THE R/O TO HIS RIGHT PANTS POCKET WHERE THE R/O RECOVERED 2 ZIP LOCK BAGS EACH CONTAINING A GREEN LEAFY SUBSTANCE SUSPECT CANNABIS. THE OFFENDER WAS THEN CUFFED AND SEARCHED [REDACTED] (OFFENDER) AND [REDACTED] (OFFENDER) WERE ALSO PLACED INTO CUSTODY AND TRANSPORTED TO 015 FOR PROCESSING. [REDACTED] (OFFENDER) HAS NO ID, \$451.00 USC AND NO PERSONAL PROPERTY TO BE INVENTORIED. THE OFFENDERS NAME CHECK IS CLEAR. NO WANTS OR WARRANTS. CLEAR GIPP/TRAP/VRS. THE OFFENDER IS A SELF ADMITTED FOUR CORNER HUSTLER. [REDACTED] (OFFENDER) HAS NO ID, \$ 5.00 USC AND NO PERSONAL PROPERTY TO BE INVENTORIED. THE OFFENDER HAS NO WANTS OR WARRANTS. THE OFFENDER IS CLEAR GIPP/TRAP/VRS. NARCOTICS INVENTORIED UNDER INV# [REDACTED] THE OFFENDER DENIES ANY GANG AFFILIATION. WHILE IN THE PROCESSING ROOM R/O J. RAMIREZ #19248 WAS ATTEMPTING TO CONDUCT A CUSTODIAL SEARCH OF [REDACTED] (OFFENDER) AT WHICH TIME [REDACTED] (OFFENDER) STATED, "I AINT GOING YOU SEE." P.O. RAMIREZ THEN INSTRUCTED [REDACTED] (OFFENDER) TO PUT HIS HANDS ON THE WALL AND TO COMPLY WITH THE CUSTODIAL SEARCH AT WHICH TIME [REDACTED] (OFFENDER) COMPLIED BUT KEPT PUSHING HIMSELF OFF THE WALL. PREVENTING P.O. RAMIREZ FROM CONDUCTING HIS SEARCH. P.O. RAMIREZ THEN INSTRUCTED [REDACTED] (OFFENDER) TO STOP PUSHING HIMSELF OF THE WALL AT WHICH TIME [REDACTED] (OFFENDER) STARTED TO TURN HIS BODY AROUND ATTEMPTING TO FACE P.O. RAMIREZ AND NOT LISTENING TO VERBAL DIRECTIONS. [REDACTED] (OFFENDER) THEN STARTED BECOMING VERBALLY ABUSIVE YELLING, "FUCK YOU" AT P.O. RAMIREZ. SGT FITZGERALD OVERHEARD [REDACTED] (OFFENDER) CONDUCTING HIMSELF IN THIS MANNER AND ENTERED THE PROCESSING ROOM. SGT. FITZGERALD #1738 THEN PROCEEDED TO GIVE [REDACTED] (OFFENDER) VERBAL COMMANDS TO CEASE HIS ACTIONS AND CONSENT TO THE SEARCH. [REDACTED] (OFFENDER) DIRECTED PROFANITY IN THE DIRECTION OF SGT. FITZGERALD IN RESPONSE TO HIS REQUESTS AND AGAIN ATTEMPTED TO PUSH OFF THE BENCH HE WAS NOW SEATED UPON IN THE SEARCH ROOM AND ADVANCE TOWARD PO RAMIREZ IN A MENACING MANNER. SGT FITZGERALD FEARING THAT [REDACTED] (OFFENDER) WAS ABOUT TO ATTACK PO RAMIREZ UTILIZED AN ARM BAR IN AN EFFORT TO GAIN CONTROL OF [REDACTED] (OFFENDER) RIGHT ARM WHILE P.O. RAMIREZ ATTEMPTED TO CONTROL [REDACTED] (OFFENDER) LEFT ARM WITH AN ARMBAR. [REDACTED] (OFFENDER) THEN PROCEEDED TO PULL HIS ARMS AWAY AND MADE A FIST WITH HIS RIGHT HAND. [REDACTED] (OFFENDER) THEN ADVANCED TOWARD PO RAMIREZ #19248 AND MOVED HIS CLOSED FIST TOWARDS P.O. RAMIREZ FACE. PO RAMIREZ #19248 WAS ABLE TO GAIN CONTROL OF [REDACTED] (OFFENDER) FIST AND AVOID BEING STRUCK. [REDACTED] (OFFENDER) THEN CONTINUED TO STRUGGLE AND ATTEMPT TO PULL AWAY. FEARING HIS VIOLENT ACTIONS WOULD NOT CEASE, [REDACTED] (OFFENDER) WAS INFORMED THAT IF HE CONTINUED TO ATTEMPT TO ATTACK THE R/O'S HE WOULD BE TASED. [REDACTED] (OFFENDER) FAILED TO COMPLY AND CONTINUED TO STRUGGLE AND ATTEMPT TO PULL AWAY. [REDACTED] (OFFENDER) BECAME INCREASINGLY VIOLENT IN HIS ACTIONS AND COULD NOT BE CONTROLLED BY PO RAMIREZ AND SGT. FITZGERALD. AT THIS TIME, P.O. CHAPLEAU THEN CAME AND ASSISTED P.O. RAMIREZ AND SGT. FITZGERALD. P.O. CHAPLEAU ENTERED GAVE VEBAL WARNINGS AND ATTEMPTED TO PERFORM ARM BARS AND WRIST LOCKS IN AN EFFORT TO SECURE [REDACTED] (OFFENDER) IN HANDCUFFS. THESE EFFORTS, HOWEVER, WERE UNSUCCESSFUL AS [REDACTED] (OFFENDER) CONTINUED TO STIFFEN HIS ARMS TO PREVENT THIS ACTION. IT WAS AS THIS TIME THAT PO CHAPLEAU INFOMRED [REDACTED] (OFFENDER) THAT HE WOULD TASE HIM IF HE CONTINUED IN THIS MANNER. [REDACTED] (OFFENDER) REPLIED, "GO AHEAD I DONT GIVE A FUCK" AND KEPT RUFUSING VERBAL DIRECTIONS AND NOW BEGAN TO MAKE EFFORTS TO PULL AWAY. P.O. CHAMPLEAU THEN DRIVE STUNNED [REDACTED] (OFFENDER). [REDACTED] (OFFENDER) HOWEVER, CONTINUED TO RESIST AND MAKE AN ACTIVE EFFORT TO ATTACK THE R/O'S [REDACTED] (OFFENDER) WAS SUBSEQUENTLY DRIVE STUNNED TWICE

## NARRATIVE

MORE ALLOWING PO SAVIANO AND PO RAMIREZ TO OBTAIN WRIST LOCK ON [REDACTED] (OFFENDER) AND SECURE HIM IN HANDCUFFS. [REDACTED] (OFFENDER) THEN PROCEEDED TO STATE "AIGHT, I'M DONE," AND THEN PROCEEDED TO COMPLY, ALLOWING R/OS TO ESCORT HIM INTO THE LOOK UP. CFD CALLED AT WHICH TIME CFD #15 RESPONDED AND TRANSPORTED [REDACTED] (OFFENDER) TO THE HOSPITAL.  
FIRST ARRESTING OFFICER - STAR#: 19248 NAME: JOSEPH RAMIREZ BEAT: 1567B  
SECOND ARRESTING OFFICER - STAR#: 14361 NAME: STEVE JEDD BEAT: 1567B  
ASSISTING OFFICER - STAR#: 5394 NAME: RICKY VILLACIS BEAT: 1567A  
ASSISTING OFFICER - STAR#: 15536 NAME: TED JOZEFCAK BEAT: 1567A  
ASSISTING OFFICER - STAR#: 6544 NAME: BARRY CUNNINGHAM BEAT: 1567C  
ASSISTING OFFICER - STAR#: 4274 NAME: PETER CHAMBERS BEAT: 1567C  
ASSISTING OFFICER - STAR#: 10807 NAME: KEVIN GRANNEY BEAT: 1567D

## PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Approving Supervisor	1738	# [REDACTED]	FITZGERALD, Michael, A	[REDACTED]	28 Nov 2013 02:04	413	
Reporting Officer	5394	# [REDACTED]	VILLACIS, Ricky, J	[REDACTED]	28 Nov 2013 01:41	015	1567B

# EVIDENCE SYNC<sup>™</sup> OFFLINE

## DEVICE REPORT

### ECD Information

Model #: TASER\_ECD\_X2

Serial #: ZZX30067T

Firmware Version: FWBundle Rev. 03.041

Device Health: Good

### Offline Report

Date:

27 Nov 2013 23:54:50

Local Timezone:

Central Standard Time (UTC -6:00)

### Event Log

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
11/28/2013 03:22:26	11/27/2013 21:22:28	Armed	C1: 25' Standard C2: 25' Standard		23°C 23°C	77% 77%
11/28/2013 03:22:32	11/27/2013 21:22:32	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		77% 77%
11/28/2013 03:22:33	11/27/2013 21:22:33	Safe	C1: 25' Standard C2: 25' Standard	7s 7s	24°C 24°C	77% 77%
11/28/2013 05:18:35	11/27/2013 23:18:35	Armed	C1: 25' Standard C2: 25' Standard		18°C 18°C	77% 77%
11/28/2013 05:18:38	11/27/2013 23:18:38	Arc	C1: 25' Standard C2: 25' Standard	3s 3s		77% 77%
11/28/2013 05:18:41	11/27/2013 23:18:41	Safe	C1: 25' Standard C2: 25' Standard	6s 6s	19°C 19°C	76% 76%
11/28/2013 05:18:47	11/27/2013 23:18:47	Armed	C1: 25' Standard C2: 25' Standard		19°C 19°C	76% 76%
11/28/2013 05:18:51	11/27/2013 23:18:51	Arc	C1: 25' Standard C2: 25' Standard	4s 4s		76% 76%
11/28/2013 05:18:55	11/27/2013 23:18:55	Safe	C1: 25' Standard C2: 25' Standard	8s 8s	19°C 19°C	76% 76%
11/28/2013 05:19:06	11/27/2013 23:19:06	Armed	C1: 25' Standard C2: 25' Standard		20°C 20°C	76% 76%
11/28/2013 05:19:32	11/27/2013 23:19:32	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		76% 76%
11/28/2013 05:19:48	11/27/2013 23:19:48	Safe	C1: 25' Standard C2: 25' Standard	42s 42s	23°C 23°C	76% 76%
11/28/2013 05:47:02	11/27/2013 23:47:02	USB Connected	C1: Invalid Cart. Type C2: Invalid Cart. Type		24°C 24°C	0% 0%
11/28/2013 05:47:52	11/27/2013 23:47:52	Time Sync	11/27/2013 23:47:52 to 11/27/2013 23:50:38			

CHICAGO POLICE DEPARTMENT  
CASE SUPPLEMENTARY REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653  
(For use by Chicago Police - Bureau of Investigative Services Personnel Only)

Case id :  
Sup ID :

METHOD/CAU CODE		DETECTIVE SUP. APPROVAL COMPLETE			
Last Offense Classification/Re-Classification	IUCR Code	Original Offense Classification		IUCR Code	
ASSAULT / Agg Po Hands No/Min Injury	0554	ASSAULT / Agg Po Hands No/Min Injury		0554	
Address of Occurrence	Beat of Occur	No of Victims	No of Offenders	No of Arrested	SCR No
5107 W MADISON ST	1533	1	4	3	
Location Type	Location Code	Secondary Location			Hate Crime?
Parking Lot/Garage(Non.Resid.)	277				NO
Date of Occurrence	Unit Assigned	Date RO Arrived	Fire Related?	Gang Related?	Domestic Related?
27-NOV-2013 22:50	1567B	27-NOV-2013 22:50	NO	NO	NO
Reporting Officer	Star No	Approving Supervisor	Star No	Primary Detective Assigned	Star No
ORTON, John	20995	ORTON, John	20995		
Date Submitted	Date Approved		Assignment Type		
28-NOV-2013 07:28	28-NOV-2013 07:30		ADMIN		

THIS IS A ADMIN INVESTIGATION METHOD/CAU CODE REPORT

VICTIM(S) :

CPD

TYPE: Government

CONTACT PERSON: P.O. J. RAMIREZ , #19248

BUS: 5701 W Madison St  
Chicago IL

OTHER COMMUNICATIONS:

Residenc 312-743-1440  
e Phone :

OFFENDER(S):

-- In Custody --

Male / Black / 27 Years

DOB:

RES: 1118 N Ridgeway Ave  
Chicago IL

BIRTH PL: Illinois

DESCRIPTION: 5'04,160,Black Hair, Short Hair Style, Brown Eyes, Medium  
Complexion

GANG INFORMATION:

LISTED CRIMINAL ORGANIZATION

GANG IDENTIFIERS: Admission

-- In Custody --

Male / White Hispanic / 29 Years

DOB:

RES:

BIRTH PL: Illinois

**DESCRIPTION:** 5'06,160,Black Hair, Straight Hair Style, Brown Eyes, Light Complexion

-- In Custody --

Male / Black / 23 Years

**DOB:**

**RES:**

**BIRTH PL:** Illinois

**DESCRIPTION:** 5'07,175,Black Hair, Short Hair Style, Brown Eyes, Medium Complexion

**GANG INFORMATION:**

**LISTED CRIMINAL ORGANIZATION:**

**GANG IDENTIFIERS:** Admission

**SUSPECT(S):**

Male / Black / 50 Years

**DOB:**

**RES:**

**BIRTH PL:** Illinois

**DESCRIPTION:** 5'11,170,Black Hair, Braids Hair Style, Brown Eyes, Dark Complexion

**LOCATION OF INCIDENT:**

5107 W Madison St  
Chicago IL  
277 - Parking Lot/Garage(Non.Resid.)

**DATE & TIME OF INCIDENT:**

27-NOV-2013 22:50

**METHOD CODE(S):**

DNA

**CAU CODE(S):**

Narcotics Related  
Police Related Not Con

**NARCOTICS  
RECOVERED:**

**INV #:**

Cannabis/Generic , 2 Grams

**RECOVERED FROM:**

**CONTAINER:** Zip Lock Bags

**PACKING:** Zip-Lock Plastic Bag(S)

**PACKING QTY:** 2

**POSSESSOR/USER:**

**LOCATION FOUND:** 5107 W. Madison Chicago IL 60644

**INV #:**

Cannabis/Generic , .5 Grams

**RECOVERED FROM:**

CONTAINER: Zip Lock Bag

PACKING: Zip-Lock Plastic Bag(S)

PACKING QTY: 1

POSSESSOR/USER: [REDACTED]

LOCATION FOUND: 5017 W. Madison

PERSONNEL ASSIGNED:

Reporting Officer

VILLACIS, Ricky J

# 5394

BEAT: 1567B

CRIME CODE SUMMARY:

0554 - Assault - Agg Po Hands No/Min Injury

1811 - Narcotics - Poss: Cannabis 30gms Or Less

1821 - Narcotics - Manu/Del:Cannabis 10gm Or Less

2092 - Narcotics - Solicit Narcotics On Publicway

IUCR ASSOCIATIONS:

1811 - Narcotics - Poss: Cannabis 30gms Or Less

CPD

( Offender )

CPD

( Victim )

[REDACTED]

( Victim )

( Suspect )

1821 - Narcotics - Manu/Del:Cannabis 10gm Or Less

CPD

( Offender )

[REDACTED]

( Victim )

CPD

( Offender )

( Victim )

2092 - Narcotics - Solicit Narcotics On Publicway

CPD

( Offender )

( Victim )

REPORT DISTRIBUTIONS:

No Distribution

## ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11. 420C (REV. 6/30)

## ARREST REPORTING

OFFENDER	Name		Male
	Res	Beat: 1112	Black
	DOB		5' 04"
	AGE		160 lbs
	POB: Illinois		Brown Eyes
	ARMED WITH Unarmed		Black Hair
			Short Hair Style
			Medium Brown Complexion
			Marks:

INCIDENT	Arrest Date: 27 November 2013 22:50	TRR Completed? Yes	Total No Arrested: 3	Co-Arrests	Assoc Cases
	Location: 5107 W Madison St Chicago, IL 60644 277 - Parking Lot/Garage(Non.Resid.)	Beat: 1533	Dependent Children? No		DCFS Ward ? No
	Holding Facility: District 015 Lockup				
	Resisted Arrest? Yes				

CHARGES	1	Offense As Cited	720 ILCS 550.0/5-A	Victim
			CANNABIS - MFG/DEL - LESS THAN 2.5 GRMS	State Of Illinois, P.O. Ramirez # 19248
			Class B - Type M	
	2	Offense As Cited	720 ILCS 550.0/5-A	State Of Illinois, P.O. Ramirez # 19248
			CANNABIS - MFG/DEL - LESS THAN 2.5 GRMS	
			Class B - Type M	
	3	Offense As Cited	720 ILCS 5.0/31-1-A	State Of Illinois, P.O. Ramirez 19248
			RESISTING/PC OFF/CORR EMP/FRFTR	
			Class A - Type M	
	4	Offense As Cited	720 ILCS 5.0/12-2-A-16	State Of Illinois, P.O. Ramirez 19248
			AGG ASSAULT/POLICE/SHERIFF EMP	
			Class A - Type M	
	5	Offense As Cited	10-8-515	State Of Illinois, P.O. Ramirez 19248
			SOLICITING UNLAWFUL BUSINESS	
			Class L -	



## ARREST REPORTING

RECOVERED  
NARCOTICS

NO NARCOTICS RECOVERED

WARRANT

NO WARRANT IDENTIFIED

NON-OFFENDER(S)

## VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Ramirez # 19248

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

ARRESTEE  
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

## Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

Inv #

Description

Inv #

Description

PRISONER JEWELRY

## ARREST REPORTING

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EV# [REDACTED]. IN SUMMARY WHILE ON SURVEILLANCE AT THE ABOVE LOCATION WHICH IS AN AREA THAT IS KNOWN FOR HIGH NARCOTICS ACTIVITY. S/O OBSERVED [REDACTED] (OFFENDER) MAKING SMOKING GESTURES AND YELLING "SAWBUCKS" TO PASSING VEHICLES IN AN ATTEMPT TO CONDUCT AN ILLEGAL NARCOTICS TRANSACTION. R/O'S KNOW "SAWBUCK" TO BE THE STREET TERM FOR CANNABIS. ON ONE OCCASION S/O OBSERVED AN UNKNOWN GRAY SUV STOP AT THE ABOVE LOCATION. S/O THEN OBSERVED [REDACTED] (OFFENDER) ENGAGE THE DRIVER (NOW KNOWN AS [REDACTED] (OFFENDER) ANOV # [REDACTED]) OF SAID VEHICLE IN A BRIEF CONVERSATION. S/O THEN OBSERVED [REDACTED] (OFFENDER) RELOCATE TO [REDACTED] (OFFENDER) AT WHICH TIME THE S/O OBSERVED [REDACTED] (OFFENDER) REACH INTO HIS LEFT PANTS POCKET, REMOVE A SMALL ITEM FROM THAT POCKET AND HAND IT TO [REDACTED] (OFFENDER). S/O THEN OBSERVED [REDACTED] (OFFENDER) RELOCATE TO THE WAITING SUV WHERE THE OFFENDER WAS OBSERVED TENDERING THAT SAME SMALL ITEM TO [REDACTED] (OFFENDER) FOR AN UNKNOWN AMOUNT OF USC. BELIEVING THAT A NARCOTICS TRANSACTION JUST OCCURRED THE S/O RADIOED E/O'S TO CONDUCT A F/I ON [REDACTED] (OFFENDER) AT WHICH TIME [REDACTED] (OFFENDER) WAS FOUND TO BE IN POSSESSION OF ONE ZIP LOCK BAG CONTAINING A GREEN LEAFY SUBSTANCE SUSPECT CANNABIS. ON ANOTHER OCCASION S/O OBSERVED [REDACTED] (OFFENDER) YELLING "SAWBUCKS" TO THE DRIVER (NOW KNOWN AS [REDACTED] (OFFENDER)) OF A [REDACTED] V. S/O OBSERVED [REDACTED] (OFFENDER) EXIT HIS VEHICLE AND APPROACH [REDACTED] (OFFENDER). [REDACTED] (OFFENDER) ENGAGED [REDACTED] (OFFENDER) IN A BRIEF CONVERSATION AT WHICH TIME [REDACTED] (OFFENDER) RELOCATED TO [REDACTED] (OFFENDER) WHERE S/O OBSERVED [REDACTED] (OFFENDER) REACH INTO HIS LEFT PANTS POCKET, REMOVE MULTIPLE SMALL ITEMS FROM THAT POCKET AND TENDER THOSE ITEMS TO [REDACTED] (OFFENDER) WHO THEN RELOCATED TO [REDACTED] (OFFENDER) AND TENDERED THOSE ITEMS TO [REDACTED] (OFFENDER) IN EXCHANGE FOR AN UNKNOWN AMOUNT OF USC. BELIEVING THAT A NARCOTICS TRANSACTION HAD JUST OCCURRED S/O RADIOED E/O'S TO DETAIN [REDACTED] (OFFENDER), [REDACTED] (OFFENDER) AND TO PLACE [REDACTED] (OFFENDER) INTO CUSTODY. E/O'S ARRIVED ON SCENE AT WHICH TIME [REDACTED] (OFFENDER) FREELY STATED TO R/O K. GRANEY #10807 "I JUST GOT A COUPLE BAGS OF WEED". THE S/O KNOWING "WEED" TO BE THE STREET TERM FOR CANNABIS DETAINED [REDACTED] (OFFENDER) FOR FURTHER INVESTIGATION. [REDACTED] (OFFENDER) THEN DIRECTED THE R/O TO HIS RIGHT PANTS POCKET WHERE THE R/O RECOVERED 2 ZIP LOCK BAGS EACH CONTAINING A GREEN LEAFY SUBSTANCE SUSPECT CANNABIS. THE OFFENDER WAS THEN CUFFED AND SEARCHED. [REDACTED] (OFFENDER) AND [REDACTED] (OFFENDER) WERE ALSO PLACED INTO CUSTODY AND TRANSPORTED TO 015 FOR PROCESSING. [REDACTED] (OFFENDER) HAS NO ID, \$451.00 USC AND NO PERSONAL PROPERTY TO BE INVENTORIED. THE OFFENDERS NAME CHECK IS CLEAR. NO WANTS OR WARRANTS. CLEAR GIPP/TRAP/VRS. THE OFFENDER IS A SELF ADMITTED [REDACTED] (OFFENDER) HAS NO ID, \$ 5.00 USC AND NO PERSONAL PROPERTY TO BE INVENTORIED. THE OFFENDER HAS NO WANTS OR WARRANTS. THE OFFENDER IS CLEAR GIPP/TRAP/VRS. NARCOTICS INVENTORIED UNDER INV# [REDACTED] THE OFFENDER DENIES ANY GANG AFFILIATION. DURING A CUSTODIAL SEARCH IN THE 015 DISTRICT THE ABOVE BECAME VEBALLY ABUSIVE, STIFFENED, PULLED AWAY AND ATTEMPTED TO STRIKE P.O. RAMIREZ WITH A CLOSED FIST. THE ABOVE WAS FINALLY TASED AND PLACED INTO THE LOCK UP. THE ABOVE WAS TAKEN TO [REDACTED] BY CFD, 15 AND WAS TREATED BY DR.POMA. THE ABOVE HAS NO ID. CLEAR GIPP, TRAP, VRSL AND ALL OTHER INVESTIGATIVE ALERTS. SELF ADMITTED [REDACTED] THE ABOVE HAS \$144.00 USC ON HIS PERSON.

Desired Court Date: 23 January 2014  
Branch: 23-2 5555 W GRAND - Room  
Court Sgt Handle? No  
Initial Court Date: 28 November 2013  
Branch: 1 2600 S CALIFORNIA - Room100  
Docket #:

BOND INFORMATION NOT AVAILABLE

## ARREST REPORTING

## ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #5394 VILLACIS, R J 28 NOV 2013 01:43

## ARRESTING OFFICER(S):

1st Arresting Officer: #19248 RAMIREZ, J ( ) Beat 1567B

2nd Arresting Officer: #14361 JEDD, S E ( ) Beat 1567A

## APPROVING SUPERVISOR:

Approval of Probable Cause : #930 DI PINTO, J E ( ) 28 NOV 2013 02:26

REPORTING PERSONNEL

## ARREST PROCESSING REPORT

Holding Facility: District 015 Lockup  
Received in Lockup: 28 November 2013 05:37  
Prints Taken: 28 November 2013 05:31  
Palprints Taken: Yes  
Photograph Taken: 28 November 2013 05:56  
Released from Lockup: 28 November 2013 08:57

Time Last Fed:  
Time Called: Phone#:  
Cell #:  
Transport Details : 2PO 27-NOV-2013 23:11

## VISUAL CHECK OF ARRESTEE

Is there obvious pain or injury? No  
Is there obvious signs of infection? No  
Under the influence of alcohol/drugs? No  
Signs of alcohol/drug withdrawal? No  
Appears to be despondent? No  
Appears to be irrational? No  
Carrying medication? No

## ARRESTEE QUESTIONNAIRE

Presently taking medication? No  
(if female)are you pregnant?  
First time ever been arrested? No  
Attempted suicide/serious harm? No  
Serious medical or mental problems? No  
Are you receiving treatment? No  
Transgender/intersex/gender non-conforming? No

## RETURN TO HOLDING FACILITY COMMENTS:

## QUESTIONNAIRE REMARKS:

Been To The Hospital In Good Health

## LOCKUP KEEPER COMMENTS:

## EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

## INTERVIEW LOG

NO INTERVIEWS LOGGED

## VISITOR LOG

NO VISITORS LOGGED

## ARREST PROCESSING REPORT

MOVEMENT LOG	Action	By	Destination	Reason
	RELEASED BY	#7462 Kelly, Joseph P	28 NOV 2013 02:52 District 015 Lockup	
	RECEIVED BY	#14461 Nicezyoruk, John	28 NOV 2013 02:52	Taken To West Sub
	RECEIVED BY	#8814 Jones, Rosezita S	28 NOV 2013 06:14 District 015 Lockup	Treated And Released From Hospital

## Watch Commander Comments:

DOES NOT APPLY TO THIS ARREST

## ARRESTEE PROCESSING PERSONNEL:

		Beat
Searched By:	MUHAMMAD,	
Lockup Keeper:	#15727 JACKSON, K	
Assisting Arresting Officer:	#10807 GRANEY, K A	1567D
Assisting Arresting Officer:	#14461 NICEZYPORU	1506E
Assisting Arresting Officer:	#15536 JOZEFCZAK,	1567A
Assisting Arresting Officer:	#15933 CUEVAS, J G	1506E
Assisting Arresting Officer:	#18746 CHAPLEAU I	1533R
Assisting Arresting Officer:	#4274 CHAMBERS,	1567C
Assisting Arresting Officer:	#4542 SAVIANO, N J	1533R
Assisting Arresting Officer:	#5394 VILLACIS, R J	1567A
Assisting Arresting Officer:	#6544 CUNNINGHAM	1567C
Fingerprinted By:	MUHAMMAD,	

## APPROVAL PERSONNEL:

		Beat
Final Approval of Charges :	#277 VANN JR, E G	28 NOV 2013 06:27



**BUREAU OF SUPPORT SERVICES  
MOBILE REPORTING UNIT  
EMS Incidents Record Request Form**

**Attention Mobile Reporting Unit Staff**

Please complete as much of the below information that you can verify requesting a run sheet:

Date of run 27/28 Nov/3 Ambulance 15 Time \_\_\_\_\_

Run Number \_\_\_\_\_ 9-1-1 Event Number \_\_\_\_\_

Name of Patient \_\_\_\_\_

Address of Incident 5701 W. Madison St. (15<sup>th</sup> Dist. Police)

Hospital Transported to \_\_\_\_\_

*By signing below you agree with this statement: I have requested this document and I understand that its use and disclosure is governed by "HIPPA 42 U.S.C § 1320(d) et seq. (2002). I am authorized and approved to have workforce access to this document to carry out my duties and will abide by the City of Chicago's policy on Loss and Disclosure for "HIPPA 45 C.F.R §§ 164.502(g) 2002.*

THE ITEMS BELOW THE LINE ARE MANDATORY BEFORE PROCESSING.

Print Name and Rank Inv. Daniel Kobel

Signature of requesting Officer [Signature]

Specific reason for the request Internal Police Investigation

ASAP \_\_\_\_\_ Next Day ☒ Non-Priority \_\_\_\_\_

# Fax Confirmation Report

Date & Time : NOV-28-2013 03:12PM THU  
 Fax Number : 312-746-3592  
 Fax Name : IPRA - NorthWest (Intake / Rapid)  
 Model Name : WorkCentre 4250

Total Pages Scanned:		1					
No.	Remote Station	StartTime	Duration	Page	Mode	Job Type	Result
001	54249	11-28 03:12PM	00'11	001/001	EC	HS	Success

## Abbreviations:

HS:Host Send PL:Polled Local EC:Error Correct TS:Terminated by System  
 HR:Host Receive PR:Polled Remote MP:Mailbox Print RP:Report  
 WS:Waiting Send MS:Mailbox Save TU:Terminated by User G3:Group3



## BUREAU OF SUPPORT SERVICES MOBILE REPORTING UNIT EMS Incidents Record Request Form

### Attention Mobile Reporting Unit Staff

Please complete as much of the below information that you can verify requesting a run sheet:

Date of run 27/28 Nov Ambulance 15 Time \_\_\_\_\_

Run Number \_\_\_\_\_ 9-1-1 Event Number \_\_\_\_\_

Name of Patient \_\_\_\_\_

Address of Incident 5701 W. Madison St (15th Dist. Police)

Hospital Transported \_\_\_\_\_

By signing below you agree with this statement: I have requested this document and I understand that its use and disclosure is governed by "HIPPA 42 U.S.C § 1320(d) et seq. (2002). I am authorized and approved to have workforce access to this document to carry out my duties and will abide by the City of Chicago's policy on Loss and Disclosure for "HIPPA 45 C.F.R §§ 164.502(g) 2002.

### THE ITEMS BELOW THE LINE ARE MANDATORY BEFORE PROCESSING.

Print Name and Rank Inv. Daniel Hobel

Signature of requesting Officer [Signature]

Specific reason for the request Internal Police Investigation

ASAP \_\_\_\_\_ Next Day ☒ Non-Priority \_\_\_\_\_



**Kobel, Daniel J.**

---

**From:** Kobel, Daniel J.  
**Sent:** Thursday, November 28, 2013 3:03 PM  
**To:** Klimas, Robert J.; Welch Iii, Eddie L.  
**Subject:** FW: video request

---

**From:** Kobel, Daniel J.  
**Sent:** Thursday, November 28, 2013 3:02 PM  
**To:** Rivera, Juan J.; Curry, Cynthia; Melean, Frederick R.  
**Cc:** West, Barbara J.  
**Subject:** video request

Please see the attached request for video recording from the processing area/search room of the 015<sup>th</sup> District from 27 November 2013 from 2300 hours to 2359 hours. This request is related to Log #1066335.

Thank you,

Investigator Daniel Kobel  
Independent Police Review Authority  
1615 West Chicago Avenue, 4th Floor  
Chicago, IL 60622  
(312) 746-3609

This e-mail, and any attachments thereto, is intended only for use by the addressee(s) named herein and may contain legally privileged and/or confidential information. If you are not the intended recipient of this e-mail (or the person responsible for delivering this document to the intended recipient), you are hereby notified that any dissemination, distribution, printing or copying of this e-mail, and any attachment thereto, is strictly prohibited. If you have received this e-mail in error, please respond to the individual sending the message, and permanently delete the original and any copy of any e-mail and printout thereof.

11/28/2013

CPD 0309337



INDEPENDENT POLICE REVIEW AUTHORITY  
CITY OF CHICAGO

TO: Garry McCarthy  
Superintendent of Police  
Chicago Police Department

**Attn:** Juan Rivera  
Chief, Bureau of Internal Affairs

**cc:** Barbara West  
Commander, 015 District

DATE: 28 November 2013

FROM: Scott Ando  
Acting Chief Administrator  
Independent Police Review Authority

SUBJECT: Request for Video Footage, Log # 1066335

The Independent Police Review Authority (IPRA) is requesting your cooperation to secure retention of video recording of the Processing Area/Search Room in the 015th District for 27 November 2013, from 2300 hours to 2359 hours.

If you have any questions or require any additional information, please contact me at PAX 0113 or 312-746-3609. Thank you in advance for your assistance.

**ILLINOIS DEPARTMENT OF CORRECTIONS**  
**Report of Extraordinary or Unusual Occurrences**

Report all extraordinary or unusual occurrences involving detainees in writing within 72 hours to the Office of Jail & Detention Standards. When a delay in the written report is unavoidable, make the report by telephone and submit the written report as soon as possible to:

**Office of Jail & Detention Standards**  
**1301 Concordia Court, P. O. Box 19277**  
**Springfield, Illinois 62794-9277**  
**Telephone: (217) 558-2200, ext. 4212**  
**Fax: (217) 522-3906**

Check one: ☐ **County**  
☐ **Municipal** (except Chicago)  
☒ **Chicago Police Department, include**  
**R.D. Number:** [REDACTED]

**Facility Name:** City of Chicago Police Dept., 015

**Telephone #:** 3127431440

**Address:** 5701 W Madison Ave.

Chicago

IL 60644

Street

City

State

Zip Code

**Date of Occurrence:** 27NOVEMBER 2013

**Time of Occurrence:** 2323

☐ a.m. ☒ p.m.

**Type of Occurrence:** ☐ **Suicide (method)**

☐ **Suicide Attempt (method)**

☐ **Homicide**

☐ **Homicide Attempt**

☐ **Escape**

☐ **Escape Attempt**

☐ **Fire**

☐ **Serious Injury**

☐ **Battery**

☐ **Riot or Rebellion**

☐ **Sex Offense**

☒ **Assault on Staff**

☐ **Assault among Detainees**

☐ **Fighting among Detainees**

☐ **Restraints Used**

☐ **OC Spray Used**

☐ **Other (specify):** \_\_\_\_\_

Detainees Involved			
Name	Date of Birth	Date Confined	Arresting Charge
<span style="background-color: black; color: black;">[REDACTED]</span>		27November2013	Delivery of Cannabis

**Any injuries?** ☒ **No** ☐ **Yes, (briefly describe):** \_\_\_\_\_

**Any resulting death?** ☒ **No** ☐ **Yes, attach coroner's report or forward upon completion and explain below:**

**Name of deceased:** \_\_\_\_\_

**Specific cause of death:** \_\_\_\_\_

**Date & time of death:** \_\_\_\_\_

**Was deceased on suicide watch at or immediately before time of death?** ☐ **Yes** ☐ **No**

**Reported by:** \_\_\_\_\_

**Was deceased examined by a physician?** ☐ **No** ☐ **Yes, on:** \_\_\_\_\_

**Did deceased display signs of illness?** ☐ **No** ☐ **Yes, describe:** \_\_\_\_\_

Detainees Interviewed			
Name	Date of Birth	Date Confined	Arresting Charge

Officials Interviewed	
Name	Title
Fitzgerald, Michael	Sergeant #1738
Chapleau, Wilfred	Police Officer #4542
Ramirez, Joe	Police Officer #19248

**Principal cause of occurrence:**

Combative prisoner assaulting an arresting officer.

**Summary of specific details of occurrence (include date and time):**

On 27 November 2013 at approximately 2320 hrs, prisoner [REDACTED] was in the holding cell with arresting officers. Officer Ramirez was attempting to perform a custodial search of offender [REDACTED] which time offender [REDACTED] failed to comply with verbal directions and continually attempted to utilize the cell wall/bench as leverage to gain distance between himself and PO Ramirez. Offender [REDACTED] became extremely combative at which time Sgt. [REDACTED] verbally attempted to control the offender. Offender Reed then balled his hands up into a fist and began to move toward PO Ramirez in a threatening manner. Officers in fear of receiving a battery attempted to utilize control holds but were unsuccessful in control the prisoner in their efforts. Offender [REDACTED] continued to resist at which time PO Chapleau #18746 drive stunned (3) times till officers were able to secure the offender. Offender transported to [REDACTED] CPIC notified: PO Chibe #7303, Log #1056335, EO #13-051


**Recommendations to prevent future occurrences:**

TBA

Sgt. Joseph Di Pinto  
Print Reporting Officer's Name

930

Badge #

  
Reporting Officer's Signature

28NOV13  
Date

Sgt. Joseph Di Pinto  
Print Shift Commander's Name

930

Badge #

  
Shift Commander's Signature

28NOV13  
Date

Note: Use of this form is required; please do not alter format. Where available, this form may be completed and submitted on-line as directed by the Office of Jail and Detention Standards.

The Illinois Department of Corrections is requesting disclosure of information necessary to accomplish the statutory purpose as outlined in 730 ILCS 5/3-15.2. Disclosure of information is MANDATORY. Failure to provide the information could result in a court order requiring compliance with 20 Ill. Adm. Code 701, 702 or 720.

Distribution: Office of Jail & Detention Standards; Reporting Facility

Page 2 of 2

Printed on Recycled Paper

DOC 0135 (Eff. 9/2002)  
(Replaces DC 464 & 464-C)

CPD 0309340

CHICAGO POLICE DEPARTMENT  
EVENT QUERY

29-NOV-2013 PAGE 1

Event # [REDACTED]

Type	Location	Date	Pri	DG	Svc Beat	Disp
GOIN	015	27-NOV-2013 23:22:27	4	015		
Source	Response Level	Caller			Phone	
R					--	
Address of Occurrence					Occ Beat	
015						

## Event Chronology

Date	Activity	Wkstn	Person	Text
27-NOV-2013 23:22:27	OUTSER	PD40	[REDACTED]	Type: GOIN
27-NOV-2013 23:22:27	DOS	PD40	[REDACTED]	1533R
27-NOV-2013 23:22:38	SUPP	PD40	[REDACTED]	Remarks Added
27-NOV-2013 23:23:03	SUPP	PD40	[REDACTED]	Remarks Added
27-NOV-2013 23:23:09	SUPP	PD40	[REDACTED]	Remarks Added
27-NOV-2013 23:23:13	ASST	PD40	[REDACTED]	1530R
27-NOV-2013 23:23:21	MISC	PD41	[REDACTED]	1533R 18746 1530R Nfy
27-NOV-2013 23:23:38	ACK	PMDT6491	[REDACTED]	1530R
27-NOV-2013 23:23:59	CHNG	PD40	[REDACTED]	Remarks Entered;ARP: YES == > NO;
27-NOV-2013 23:29:27	COPYT	PD40	[REDACTED]	Copied To Event(s): [REDACTED]
27-NOV-2013 23:34:35	SUPP	PDT97	[REDACTED]	Remarks Added
28-NOV-2013 02:27:21	CLEAR	PD41	[REDACTED]	1533R 1530R
28-NOV-2013 02:27:21	CLOSE	PD41	[REDACTED]	
	RMKS		[REDACTED]	#18746 - TASER DEPLOYMENT
	RMKS		[REDACTED]	REQ EMS IN THE 015TH DIST
	RMKS		[REDACTED]	SGT 1530R NOTIFIED
	RMKS		[REDACTED]	EMS ENROUTE
	RMKS		[REDACTED]	OEMC WM ORLANDINI NOTIFIED @ 2332
			[REDACTED]	HRS
			[REDACTED]	OPER COMM CHIBE NOTIFIED @ 2333
			[REDACTED]	HRS
			[REDACTED]	015TH DIST WC DIPINTO *930 NOTIFIED
			[REDACTED]	@ 2334 HRS
			[REDACTED]	PCO2 JOHNSON -- CW7

## Unit Summary

Unit	Dispatch	Enroute	Onscene	T	TA	TC	Clear
1533R	23:22:27		23:22:27				28-NOV-2013 02:27:21
1530R	23:23:13						28-NOV-2013 02:27:21

CHICAGO POLICE DEPARTMENT  
EVENT QUERY

28-NOV-2013 PAGE 1

Event # [REDACTED]

Type	Location	Date	Pri	DG	Svc Beat	Disp
NFY	[REDACTED]	27-NOV-2013 23:29:27	3D	FD	1513	
Source	Response Level	Caller			Phone	
S	I				--	
Address of Occurrence					Occ Beat	
[REDACTED]					1513	

Event Chronology

Date	Activity	Wkstn	Person	Text
27-NOV-2013 23:29:27	ENTRY	PD40	[REDACTED]	
27-NOV-2013 23:29:27	COPYF	PD40	[REDACTED]	Copied From Event # [REDACTED]
27-NOV-2013 23:29:27	COPYF	PD40	[REDACTED]	Copied 4 remarks from Event # [REDACTED]
27-NOV-2013 23:34:46	CANC	PDT97	[REDACTED]	Event Canceled: FILE NOTIFICATIONS MADE
	RMKS			#18746 - TASER DEPLOYMENT
	RMKS			REQ EMS IN THE 015TH DIST
	RMKS			SGT 1530R NOTIFIED
	RMKS			EMS ENROUTE
	RMKS			*** Copy from # [REDACTED]
				[REDACTED]
				No RD Records copied
				No disposition copied from event
				[REDACTED]
	RMKS			1533R TASER DEPLOYMENT IN THE 015TH DIST *18746
				FOR MALE PRISONER IN LOCK UP
				EMS ENROUTE
				SGT 1530R NOTIFIED

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>27-NOV-2013</b>		TIME <b>23:23:00</b>		2. ADDRESS OF OCCURRENCE <b>[REDACTED]</b>			3. LOCATION CODE <b>280</b>		4. BEAT/OCCUR <b>1513</b>								
	5. POSITION <b>9161</b>		6. LAST NAME <b>CHAPLEAU IV</b>		7. FIRST NAME <b>WILFRED P</b>		8. STAR NO. <b>18746</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>[REDACTED]</b>		12. HT. <b>510</b>		13. WT. <b>180</b>	
	14. DATE OF APPT. <b>01-SEP-2010</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>015 1533R</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
SUBJECT INFORMATION	20. LAST NAME <b>[REDACTED]</b>		21. FIRST NAME <b>[REDACTED]</b>		22. M.I. <b>[REDACTED]</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>[REDACTED]</b>		26. HT. <b>504</b>		27. WT. <b>160</b>			
	30. WAS SUBJECT ARMED? VERBAL THREAT (ASSAULT), FEET, HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						37. CB NO. <b>[REDACTED]</b>		IR NO. <b>[REDACTED]</b>									
36. CHARGES PLACED <b>10-8-515, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/31-1-A, 720 ILCS 550.0/5-A, 720 IL</b>																		
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE							
	SUBJECT'S ACTIONS		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____							
	MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input checked="" type="checkbox"/> TASER (Laser Targeted) <input checked="" type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____							
WEAPON DISCHARGE INCIDENT	39. <input type="checkbox"/> DNA																	
	40. ADDITIONAL INFORMATION <b>SUBJECT PLACED FOOT ON A BENCH AND A WALL, THEN THREW HIMSELF INTO A/OS MULTIPLE TIMES</b>																	
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER _____																	
CASE INFO.	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors																	
	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial																	
	44. WEATHER CONDITIONS <b>CLEAR</b>																	
SIGNATURES	45. MAKE/MANUFACTURER _____																	
	46. MODEL _____																	
	47. BARREL LENGTH _____																	
48. CALIBER/GAUGE _____																		
49. TASER DART ID NO. _____																		
50. WEAPON SERIAL No. (Include Letters) _____																		
51. CHICAGO GUN REG. NO. _____																		
52. IL FIREARM OWNER ID. NO. _____																		
53. HANDGUN CERTIFICATE NO. _____																		
54. SPECIAL WEAPON CERTIFICATE NO. _____																		
55. PROPERTY INVENTORY NO. _____																		
56. TYPE OF AMMUNITION USED _____																		
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>																		
58. TOTAL NO. OF SHOTS MEMBER FIRED _____																		
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) _____																		
60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																		
61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED _____																		
62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) _____																		
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) _____																		
64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD _____																		
65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																		
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) _____																		
67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																		
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																		
69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) _____																		
72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																		
73. REPORTING MEMBER (Print Name) <b>CHAPLEAU IV, WILFRED P</b> <b>28-NOV-2013 01:56:35</b>																		
STAR/EMPLOYEE NO. <b>18746</b>																		
SIGNATURE <b>[REDACTED]</b>																		
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																		
74. REVIEWING SUPERVISOR (Print Name) <b>DI PINTO, JOSEPH E</b>																		
STAR NO. <b>930</b>																		
SIGNATURE <b>[REDACTED]</b>																		
DATE REVIEWED <b>28-NOV-2013 02:13:12</b>																		
TIME <b>28-NOV-2013 02:13:12</b>																		



## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject not in the 015th District lockup at this time. The R/Lt was on furlough during the time of this incident. No Lt's were on duty at the time of this incident.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based solely on this TRR, it is the preliminary determination of the undersigned that P.O. Chapeau's actions were in compliance with Department directives. This TRR indicates that the subject's actions rose to the level of "assailant" per the Use of Force Model.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

**SALDANA, FABIAN A**

SIGNATURE



DATE COMPLETED

TIME

**30-NOV-2013 15:30:12**

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

**4**

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>27-NOV-2013</b>		TIME <b>22:20:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE <b>280</b>		4. BEAT/OCCUR <b>1513</b>										
	5. POSITION <b>9171</b>		6. LAST NAME <b>FITZGERALD</b>		7. FIRST NAME <b>MICHAEL A</b>		8. STAR NO. <b>1738</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE [REDACTED]		12. HT. <b>506</b>		13. WT. <b>120</b>			
	14. DATE OF APPT. <b>04-OCT-1999</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>015 4353</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
SUBJECT INFORMATION	20. LAST NAME [REDACTED]				21. FIRST NAME [REDACTED]				22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. [REDACTED]		26. HT. <b>504</b>		27. WT. <b>160</b>	
	SUBJECT ARMED? Yes <input checked="" type="checkbox"/> 02 No								31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																			
36. CHARGES PLACED <b>10-8-515, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/31-1-A, 720 ILCS 550.0/5-A, 720 IL</b>																				
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>																			
	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE											
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER <u>SEE ADDITIONAL INFO</u>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____											
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____											
	39. DNA <input checked="" type="checkbox"/>																			
	40. ADDITIONAL INFORMATION <b>REED ATTEMPTED TO UTILIZE WALL AND BENCH IN PROCESSING CELL FOR LEVERAGE TO CREATE DISTANCE BETWEEN HIMSELF AND THE INVOLVED OFFICERS.</b>																			
CASE INFO.	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>OTHER</b>													
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE													
	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.											
SIGNATURES	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED											
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)													
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO															
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																				
67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																				
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																				
69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																				
72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																				
73. REPORTING MEMBER (Print Name) <b>FITZGERALD, MICHAEL A</b> <b>28-NOV-2013 02:07:25</b> STAR/EMPLOYEE NO. <b>1738</b> SIGNATURE [REDACTED]																				
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																				
74. REVIEWING SUPERVISOR (Print Name) <b>DI PINTO, JOSEPH E</b> STAR NO. <b>930</b> SIGNATURE [REDACTED] DATE REVIEWED <b>28-NOV-2013 02:14:00</b> TIME																				

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject not in the 015th District lockup at this time. The R/Lt was on furlough during the time of this incident. No Lt's were on duty at the time of this incident.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based solely on this TRR, it is the preliminary determination of the undersigned that Sgt. Fitzgerald's actions were in compliance with Department directives. This TRR indicates that the subject's actions rose to the level of "assailant assault" per the Use of Force Model.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

**SALDANA, FABIAN A**

SIGNATURE



DATE COMPLETED

TIME

**30-NOV-2013 15:35:48**

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

**4**

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

OFFICER'S BATTERY REPORT  
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>RAMIREZ, JOSEPH</b>		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. <b>19248</b>		ADDRESS OF OCCURRENCE <b>5701 W MADISON ST</b>	
POSITION <b>POLICE OFFICER</b>		CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT <b>17-MAR-1997</b>	EMPLOYEE NO. [REDACTED]	LOCATION CODE	
UNIT OF ASSIGNMENT <b>015</b>	BEAT/CALL NO. <b>1567B</b>	BEAT OF OCCURRENCE <b>1513</b>	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>HISPANIC</b>	DOB [REDACTED]	DATE OF OCCURRENCE <b>27-NOV-2013</b>
HEIGHT <b>507</b>	WEIGHT <b>207</b>	TIME <b>23:20:00</b>	DAY OF WEEK <b>WEDNESDAY</b>
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED <u>1</u>	
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>3</u>	
WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <u>3</u> PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input checked="" type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE <u>720 ILCS 550.0/5.2-E- CANNABIS - MFG/DEL - SCHOOL - LESS 2.5 GRMS - MANU/DEL: CANNABIS 10GM OR LESS</u> ORIGINAL IUCR CODE <u>NARCOTICS -</u> <input type="checkbox"/> K. OTHER		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input checked="" type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____ <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		OFFENDER INFORMATION	
LIGHTING CONDITIONS AT INCIDENT		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE <b>BLACK</b> DOB [REDACTED]	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input checked="" type="checkbox"/> 2. GOOD	WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN GANG RELATED? <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <u>1</u>		
WEATHER CONDITIONS		CB NO. [REDACTED] IR NO. [REDACTED]	
<input type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input checked="" type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: <u>25 °F</u>			

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REPORTING MEMBER - SIGNATURE RAMIREZ, JOSEPH	STAR NO. 19248	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE SALDANA, FABIAN A	STAR NO. 730
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## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>27-NOV-2013</b>		TIME <b>23:20:00</b>		2. ADDRESS OF OCCURRENCE <b>[REDACTED]</b>			3. LOCATION CODE <b>280</b>		4. BEAT/OCCUR <b>1513</b>								
	5. POSITION <b>9161</b>		6. LAST NAME <b>RAMIREZ</b>		7. FIRST NAME <b>JOSEPH</b>		8. STAR NO. <b>19248</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>S</b>		11. AGE <b>[REDACTED]</b>		12. HT. <b>507</b>		13. WT. <b>207</b>	
	14. DATE OF APPT. <b>17-MAR-1997</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>015 1567B</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
SUBJECT INFORMATION	20. LAST NAME <b>[REDACTED]</b>		21. FIRST NAME <b>[REDACTED]</b>		22. M.I. <b>[REDACTED]</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>05-NOV-1986</b>		26. HT. <b>504</b>		27. WT. <b>160</b>			
	30. SUBJECT ARMED? HANDS/FISTS <input checked="" type="checkbox"/> 02 No						31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	35. CONDITION <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 05 Refused Medical Aid																	
36. CHARGES PLACED <b>10-8-515, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/31-1-A, 720 ILCS 550.0/5-A, 720 IL</b>																		
37. CB NO. <b>[REDACTED]</b> IR NO. <input type="checkbox"/> DNA																		
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE							
	SUBJECT'S ACTIONS		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER <u>PUSHED OFF WALL</u>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____							
MEMBER'S RESPONSE			MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____							
	39. <input checked="" type="checkbox"/> DNA																	
WEAPON DISCHARGE INCIDENT	40. ADDITIONAL INFORMATION																	
	POSITION		STAR NO.		UNIT													
	41. WEAPON TYPE		04 SEMI-AUTO PISTOL		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS									
	<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		OTHER									
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE											
	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.									
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED									
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)											
	<input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER						<input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)											
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO													
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW																		
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED	
																	<input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																	
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>RAMIREZ, JOSEPH</b> STAR/EMPLOYEE NO. <b>19248</b> SIGNATURE <b>[REDACTED]</b> <b>28-NOV-2013 01:58:13</b>																	
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																	
74. REVIEWING SUPERVISOR (Print Name) <b>DI PINTO, JOSEPH E</b> STAR NO. <b>930</b> SIGNATURE <b>[REDACTED]</b> DATE REVIEWED <b>28-NOV-2013 02:12:19</b> TIME																		

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject not in the 015th District lockup at this time. The R/Lt was on furlough during the time of this incident. No Lt's were on duty at the time of this incident.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based solely on this TRR, it is the preliminary determination of the undersigned that P.O. Ramirez' actions were in compliance with Department directives. This TRR indicates that the subject's actions rose to the level of "assailant assault" per the Use of Force Model.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

**SALDANA, FABIAN A**

SIGNATURE

DATE COMPLETED

TIME

**30-NOV-2013 15:32:44**

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

**4**

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)



	1. DATE OF INCIDENT <b>27-NOV-2013</b>	TIME <b>23:23:00</b>	2. ADDRESS OF OCCURRENCE [REDACTED]		3. LOCATION CODE <b>280</b>	4. BEAT/OCCUR <b>1513</b>						
MEMBER INVOLVED	5. POSITION <b>9161</b>	6. LAST NAME <b>SAVIANO</b>		7. FIRST NAME <b>NICHOLAS J</b>	8. STAR NO. <b>4542</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>WHI</b>	11. AGE [REDACTED]	12. HT. [REDACTED]	13. WT. [REDACTED]		
	14. DATE OF APPT. <b>01-SEP-2010</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>015 1533R</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. [REDACTED]	26. HT. <b>504</b>	27. WT. <b>160</b>		
	30. ARMED? <input checked="" type="checkbox"/> VERBAL THREAT (ASSAULT), FEET, HANDS/FISTS 02 No					31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid												
36. CHARGES PLACED <b>10-8-515, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/31-1-A, 720 ILCS 550.0/5-A, 720 IL</b>												
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>											
	SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
MEMBERS RESPONSE	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER <u>THREW HIMSELF INTO A</u>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____			
	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____			
WEAPON DISCHARGE INCIDENT	39. DNA <input checked="" type="checkbox"/>											
	40. ADDITIONAL INFORMATION <b>SUBJECT USED HIS FOOT TO PUSH AGAINST THE WALL AND BENCH AND THEN THREW HIMSELF INTO A/O'S SEVERAL TIMES.</b>											
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER _____												
42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors												
43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial												
44. WEATHER CONDITIONS <b>CLEAR</b>												
45. MAKE/MANUFACTURER _____												
46. MODEL _____												
47. BARREL LENGTH _____												
48. CALIBER/GAUGE _____												
49. TASER DART ID NO. _____												
50. WEAPON SERIAL NO. (Include Letters) <b>ZZX30067T</b>												
51. CHICAGO GUN REG. NO. _____												
52. IL FIREARM OWNER ID. NO. _____												
53. HANDGUN CERTIFICATE NO. _____												
54. SPECIAL WEAPON CERTIFICATE NO. _____												
55. PROPERTY INVENTORY NO. _____												
56. TYPE OF AMMUNITION USED _____												
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER _____												
58. TOTAL NO. OF SHOTS MEMBER FIRED _____												
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) _____												
60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO												
61. NO. OF CATRIDGES/SHOT SHELLS RELOADED _____												
62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) _____												
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) _____												
64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD _____												
65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO												
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.) _____												
67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.												
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN												
69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) _____												
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
	73. REPORTING MEMBER (Print Name) <b>SAVIANO, NICHOLAS J</b> <b>28-NOV-2013 01:39:08</b>											
SIGNATURES	STAR/EMPLOYEE NO. <b>4542</b>											
	SIGNATURE [REDACTED]											
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.												
74. REVIEWING SUPERVISOR (Print Name) <b>DI PINTO, JOSEPH E</b>												
STAR NO. <b>930</b>												
SIGNATURE [REDACTED]												
DATE REVIEWED TIME <b>28-NOV-2013 02:10:16</b>												

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject not in the 015th District lockup at this time. The R/Lt was on furlough during the time of this incident. No Lt's on duty during the time of this incident.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based solely on this TRR, it is the preliminary determination of the undersigned that P.O. Saviano's actions were in compliance with Department directives. This TRR indicates that the subject's actions rose to the level of "assailant" per the Use of Force Model.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

**SALDANA, FABIAN A**

SIGNATURE



DATE COMPLETED

TIME

**30-NOV-2013 15:27:37**

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

**4**

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

**BUREAU OF INTERNAL AFFAIRS**  
**Investigations Division**  
**General Investigations Section**

**02 DEC 13**  
**CL 1066335**

To: Chief Juan Rivera  
Bureau of Internal Affairs

From: Sgt Timothy Wolf #1333  
Investigations Division  
General Investigations Section

Subject: Video Retrieval  
Re: Log 1066335

On 28 NOV 13, Acting Chief Administrator of IPRA, Scott Ando, requested video footage of the Processing Area/Search Room in the 15<sup>th</sup> District on 27 NOV 13 from 2300 – 2359hrs. On 02 DEC 13, the undersigned went to the 15<sup>th</sup> District in an attempt to recover said video footage. The cameras are operational. However, the video viewer in the Watch Commanders' office used to download video footage is currently inoperable. When "log on" is attempted the user is met with an error message stating that it is "unable to open the database." The 15<sup>th</sup> District reported the problem to the Help Desk on 11 NOV 13 under Ticket [REDACTED]. As of today's date, the problem has yet to be fixed. As a result, the video footage could not be obtained at this time.

*Sgt. Timothy Wolf #1333*  
Sgt. Timothy Wolf #1333  
Investigations Division  
General Investigations Section

**BUREAU OF INTERNAL AFFAIRS**  
**Investigations Division**  
**General Investigations Section**

**02 DEC 13**  
**CL 1066335**

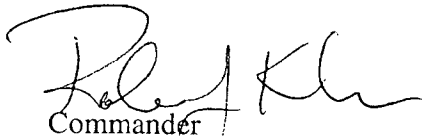
Signature Page to Follow.

SIGNATURE PAGE ONLY.

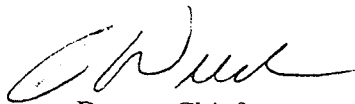
**APPROVED:**



Commanding Officer  
Investigations Division  
General Investigations Section



Commander  
Bureau of Internal Affairs  
Investigations Division



Deputy Chief  
Bureau of Internal Affairs



Chief  
Bureau of Internal Affairs



INDEPENDENT POLICE REVIEW AUTHORITY  
CITY OF CHICAGO

TO: Garry McCarthy  
Superintendent of Police  
Chicago Police Department

Attn: Juan Rivera  
Chief, Bureau of Internal Affairs

cc: Barbara West  
Commander, 015 District

DATE: 28 November 2013

FROM: Scott Ando  
Acting Chief Administrator  
Independent Police Review Authority

SUBJECT: Request for Video Footage, Log # 1066335

The Independent Police Review Authority (IPRA) is requesting your cooperation to secure retention of video recording of the Processing Area/Search Room in the 015th District for 27 November 2013, from 2300 hours to 2359 hours.

If you have any questions or require any additional information, please contact me at PAX 0113 or 312-746-3609. Thank you in advance for your assistance.



City of Chicago - Department of Police - Bureau of Administration

## B.A. Service Request

Date of Request	04 Dec 2013	Date Needed	ASAP
Requested By	Frederick Melean	Lt	pc0i533
	Print Name	Rank	PC #
		5-6391	
Signature	Contact Phone		
Bureau of Internal Affairs	121		
Unit Name	Unit Number		

Units that will assist in providing service, if known, (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Alternate Response Section | <input type="checkbox"/> Medical Services Section                               |
| <input type="checkbox"/> Auto Pounds Section        | <input type="checkbox"/> Police Document Section                                |
| <input type="checkbox"/> Chaplains Section          | <input type="checkbox"/> Professional Counseling Division                       |
| <input type="checkbox"/> Equipment & Supply Section | <input type="checkbox"/> Property Facilities Management Unit                    |
| <input type="checkbox"/> Finance Division           | <input checked="" type="checkbox"/> Public Safety Information Technology (PSIT) |
| <input type="checkbox"/> Fleet Liaison Section      | <input type="checkbox"/> Records Division                                       |
| <input type="checkbox"/> General Support Division   | <input type="checkbox"/> Reproduction & Graphic Arts Section                    |
| <input type="checkbox"/> Human Resources Division   | <input type="checkbox"/> Telecommunications Unit                                |

Please describe the service requested (attach additional pages if necessary). If urgent, include justification for the date needed. **Please direct inquiries regarding status of your request to the unit providing service.**

R/Lt is requesting that the computer (video viewer) in the 015th District Watch Commander's office be fixed.  
IPRA has requested video footage under CL #1066335. Since the computer is inoperable, the request could not be fulfilled. There is a current ticket number issued : [REDACTED]

Approval (required through your chain of command):

Commander	Robert J Klimas	
	Print Name	Signature
Deputy Chief	Eddie Welch III	
	Print Name	Signature
Chief	Juan J Rivera	
	Print Name	Signature

**After approval, please submit to:**

Chief  
Bureau of Administration  
Unit 120

**DO NOT WRITE IN THIS BOX**

Date Received: \_\_\_\_\_

Request Number: \_\_\_\_\_



**City of Chicago Fire Department**  
3510 S Michigan Ave. 2nd Floor, Chicago IL 60616 (312) 745-3705  
Official Department Copy

Incident Number [REDACTED]  
Patient [REDACTED]  
Complaint **TASER#**  
Case Status **CLOSED**

INCIDENT	PATIENT	DATES/TIMES
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<b>Case #</b> [REDACTED] <b>Incident #</b> [REDACTED] <b>Case Status</b> <b>CLOSED</b> <b>Incident Type</b> <b>TASER# - TASER#</b> <b>Urgency To Scn</b> <b>EMERGENCY</b> <b>Address</b> [REDACTED] <b>Address 2</b> [REDACTED] <b>City, St., Zip</b> [REDACTED] <b>Loc. Type</b> [REDACTED] <b>Loc. Name</b> <b>015</b> <b>Loc. on Disp</b> <b>QUARTERS</b> <b>Agency/Unit</b> <b>CFD / A15</b> <b>Shift/Veh.</b> <b>EMS 4 /</b> <b>Skillset</b> <b>ALS</b> <b>Delay to Scn.</b> <b>DISTANCE</b>	<b>Name (First/MI/Last)</b> [REDACTED] <b>Gender</b> [REDACTED] <b>DOB/Age</b> [REDACTED] <b>Race/Lang.</b> [REDACTED] <b>Weight</b> [REDACTED] <b>Address</b> [REDACTED] <b>City, St. Zip</b> [REDACTED] <b>SSN</b> [REDACTED] <b>Resp. Party</b> [REDACTED] <b>Address</b> [REDACTED] <b>City, St. Zip</b> [REDACTED]	<b>DISPATCHED</b> <b>11/27/2013 23:24:56</b> <b>ENROUTE</b> <b>11/27/2013 23:26:27</b> <b>AT SCENE</b> <b>11/27/2013 23:32:16</b> <b>AT PATIENT</b> <b>11/27/2013 23:34</b> <b>DEPARTED SCENE</b> <b>11/27/2013 23:45:26</b> <b>AT DESTINATION</b> <b>11/27/2013 23:48:32</b> <b>IN SERVICE</b> <b>11/28/2013 00:22:58</b> <b>AT QUARTERS</b> <b>11/28/2013 00:27:35</b>
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CREW
<b>Role: Name (Qualification) Emp, Cert, Badge</b>
<b>AC/PIC:</b> WILLIAM P CARLETON (PIC), 20204
<b>FPM:</b> LISSETTE MARRERO (P), 20931, 20931

Hx PRESENT
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Subject	Description/Details
<b>Cause</b>	<b>UNKNOWN</b>
<b>Complaint</b>	<b>UNKNOWN ONSET: UNKNOWN DURATION: STILL PRESENT PROVOKED BY: POSSIBLE PCP</b>
<b>Symptom</b>	<b>AGITATED</b>

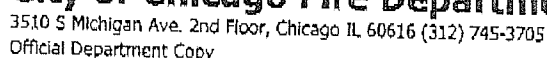
We were called to the CHICAGO POLICE DEPARTMENT lock up for the person who was a taser victim. Pt is physically combative w/ cpd and that is why he was tased. Upon crews assessment pt is still physically and verbally combative with CHICAGO POLICE DEPARTMENT, spitting, screaming kicking and yelling at CHICAGO POLICE DEPARTMENT and Crew. CHICAGO POLICE DEPARTMENT at this time placed Pt in hand cuffs and Crew secured Pt to our cot. PT would not answer crews questions and or let crew evaluate him or take his vitals. Crew had OEMC contact West sub to let them know that we were coming to them w/ a very combative Pt. Pt was still spitting at crew and CHICAGO POLICE DEPARTMENT who rode to ED in back of MICU. Pt care transported to West Sub ED RN and MD staff in room #13.

Hx PAST
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Subject	Description/Details
<b>Allergies</b>	<b>Unknown</b>
<b>Medications</b>	<b>Unknown</b>
<b>Pre-existing</b>	<b>UNKNOWN</b>

FINDINGS
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Subject	Description/Details
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Incident Number	
Patient	
Complaint	TASER#
Case Status	CLOSED

Initial	PTFOUND	POSITION: SITTING
	LOC	ORIENTATION: DISORIENTED AVPU: ALERT
	AIRWAY	STATUS: PATENT
	BREATH	QUALITY: NON-LABORED (R) LS: UNABLE TO ASSESS (L) LS: UNABLE TO ASSESS CHEST WALL EXPANSION: UNABLE TO ASSESS
	CIRCUL	STATUS: PRESENT SITE: RADIAL STRENGTH: STRONG REGULARITY: REGULAR CAP. REFILL: NORMAL
	SKIN	CAP. REFILL: NORMAL TEMP: NORMAL COLOR: NORMAL MOISTURE: NORMAL
	GCS	SCORE: 12 EYES: 4-SPONTANEOUS VERBAL: 3-INAPPROP. WORDS MOTOR: 5-LOCALZ. PAIN
	EYES	(R) REACTIVITY: REACTIVE (L) REACTIVITY: REACTIVE (R) SIZE: NORMAL (L) SIZE: NORMAL
Physical	GENERAL - EXAM	AGITATED
Impression	AGITATED/COMBATIVE COMMENT: POSSIBLE PCP/OR DRUG OD. CARE REQUIRED: BLS	

## \* CARE EVENTS

Time	Event	Details	By
00:01			
00:01		T29	CHICAGO POLICE DEPT
00:09		UNABLE TO OBTAIN	CFD ALS TRUCK
23:34		Amb Crew: YES Gloves: YES Mask: NO Eye Protection: NO Gown: NO Non-cfd Tx Provider: NOT APPLICABLE	
23:34		Amb Crew: YES Gloves: YES Mask: NO Eye Protection: NO Gown: NO Non-cfd Tx Provider: NOT APPLICABLE	
23:34		Eye Protection: NO Amb Crew: NO Gloves: YES Mask: NO Gown: NO Non-cfd Tx Provider: NOT APPLICABLE	T29

## RESULT

Disposition:  
TX / TRANS BY THIS UNIT  
Destination:  
WEST SUBURBAN (OAK PARK)  
Dest. Reason:  
CLOSEST ED  
Urgency from Scn.:  
EMERGENCY  
Pt. Convey TO Vehicle:  
STRETCHER  
Pt. Convey FROM Vehicle:  
STRETCHER  
Pt. Convey IN Vehicle:  
STRETCHER

# AUTHORIZATION

Person Type	Name	Address	Phone Number(s)
SIGNER	KEVIN	WEST SUB	